

MID-IOWA GIRLS' SOFTBALL
P.O. BOX 65552
West Des Moines, IA 50265-5552

TEAM ROSTER

Please fill in or type legibly

COACHES (Head coach #1)	MAILING ADDRESS - INCLUDE ZIP CODE	PHONE #		
1.				
2.				
3.				
TEAM NAME:		AGE DIVISION: ROOKIE 10U 12U 14U 16U 18U		
PLAYER NAME	AGE	STREET ADDRESS	CITY	ZIP
1.				
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20.				

Please remember, teams and players are responsible for their own insurance.

All forms can be downloaded at the MIGS website:

<http://migsoftball.org>

Please also send one e-mail address to c.reifert@mchsi.com.

One e-mail address is required per team, but more than one address may be included if desired by each team.